



ARIZONA BOARD OF FINGERPRINTING

Good Cause Exception Reference Letter

Mail Code 185 • P.O. Box 6129 • Phoenix, Arizona 85005-6129
Telephone (602) 265-0135 • Fax (602) 265-6240

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1. Letter of Reference for: _____
 2. Written by: Name: _____
Agency: _____
Address: _____
Phone: _____
 3. Are you the applicant's employer?
Yes _____ No _____
 4. Are you aware that the Arizona Department of Public Safety has denied or suspended a fingerprint clearance card for the individual requesting this letter?
Yes _____ No _____
 5. Are you aware that this letter of reference will be used as part of the appeal of the denial?
Yes _____ No _____
 6. Has this individual informed you of the reason(s) for the denial?
Yes _____ No _____
 7. How long have you been acquainted with this individual? Please indicate the number of:
Years _____ Months _____
 8. In what ways do you know this individual? (Please check only one.)
Personally _____ Professionally _____ Both _____
 9. Would you recommend that this individual be granted a fingerprint clearance card?
Yes _____ No _____ Undecided _____
 10. Please include any additional statements you would like regarding this individual, either below or on a separate sheet.

Signature

Date